

# NC-TOPPS Mental Health and Substance Abuse

## Adult (Ages 18 and up)

## Update Interview

**\*\*Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

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Please provide the following information about the individual:

1. Date of Birth

		/			/		
--	--	---	--	--	---	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Abuse, age 18 and up

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

4. Individual County of Residence:

5. IPRS Target Populations (mark all that apply)

☐ ASCDR ☐ AMSPM

☐ ASCJO ☐ AMSMI

☐ ASDSS ☐ AMPAT

☐ ASDWI ☐ AMDEF

☐ ASHMT ☐ AMOLM

☐ ASWOM ☐ AMSRE

☐ ASDHH ☐ ADSN

☐ ASHOM ☐ ADMRI

☐ ASTER ☐ None of the above

b. If ASCDR, what is the individual's IPRS Communicable Disease Status? (mark all that apply)

☐ HIV ☐ Injection drug use (IDU)

☐ TB ☐ Methadone

☐ Hepatitis

6. Type of Interview (mark only one)

☐ 3 month update

☐ 6 month update

☐ 12 month update

☐ Other bi-annual update  
(18-month, 24-month,  
30-month, etc.)

7. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview? ☐ Y ☐ N

b. Current Global Assessment of Functioning Score:

--	--

8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

9a. For Adult MH individual:

First MH Treatment Date  
(for this episode of treatment)

		/			/		
--	--	---	--	--	---	--	--

9b. For Adult SA individual:

First SA Treatment Date  
(for this episode of treatment)

		/			/		
--	--	---	--	--	---	--	--

9c. Date of Last Billable Service

		/			/		
--	--	---	--	--	---	--	--

9d. Date of Last Face-to-Face Contact:

		/			/		
--	--	---	--	--	---	--	--

10. Special Populations (mark all that apply)

☐ DWI

☐ SSI/SSDI

☐ Traumatic Brain Injury (TBI)

☐ Work First

☐ H or I Felon and Food Stamps

☐ Deaf/hard of hearing

☐ Juvenile Justice

☐ Criminal Justice

☐ Non-English Speaking

☐ Homeless

☐ Blind

☐ Sex Offender

☐ Outpatient Commitment

☐ Child Protective Services (CPS)

☐ None of these

11. Special Programs (mark all that apply)

☐ TASC

☐ Methadone

☐ Buprenorphine

☐ CASAWORKS Residential

☐ Assertive Community Treatment (ACT)

☐ Community Support Team (CST)

☐ Jail diversion

☐ Psychosocial Rehab (PSR)

☐ Intensive in-home

☐ Methamphetamine Treatment Initiative

☐ Maternal/Pregnant

☐ None of these

12. For Adult SA individual:

Current Dosage Level for Medications

☐ None of these medications used

Methadone

				mg
--	--	--	--	----

Naltrexone

				mg
--	--	--	--	----

Buprenorphine

				mg
--	--	--	--	----

Antabuse

				mg
--	--	--	--	----

13. For dosage level of Methadone greater than zero:

Please describe the current phase of the methadone dosing:

☐ Induction → (skip to 15)

☐ Stabilization → (skip to 15)

☐ Taper

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- 14. For dosage level of Methadone greater than zero:**  
Is the methadone withdrawal voluntary or administrative?  
☐ Voluntary  
☐ Administrative

- 15. For dosage level of Methadone greater than zero:**  
Is methadone being given in a split dosage (e.g., 2 or more doses per day)? ☐ Y ☐ N

- 16. For dosage level of Methadone greater than zero:**  
What is the consumer's take home level?  
☐ Level 1 (Sunday only) ☐ Level 5  
☐ Level 2 ☐ Level 6  
☐ Level 3 ☐ Level 7 (30 days)  
☐ Level 4

- 17. For DWI or Methadone individual:**  
SA treatment participation and service units in the past 3 months (enter 0, if none):

a. Group sessions				b. Individual/family sessions			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheduled		Attended		Scheduled		Attended	

- 18. Since the last interview, the consumer has attended scheduled treatment sessions...**  
☐ Rarely or never  
☐ Sometimes  
☐ All or most of the time

- 19. For Adult SA individual:**  
Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted  (enter 0, if none & skip to 20)

b. Number Positive  (enter 0, if none & skip to 20)

- c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Cocaine	Amphetamines	Barbiturates	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

- 20. Since the individual started services for this episode of treatment, which comprehensive services has the (a) individual received and (b) which are still needed in the following areas?**

	a. Received		b. Still Needed	
	Yes	No	Yes	No
1. Educational improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Finding or keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Family and/or peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Psychological/emotional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Screening for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Treatment referral for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interpreter (deaf or foreign language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tobacco use cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Appropriate living setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Cessation of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Management of finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Housing (basic shelter or rent subsidy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 21. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? (mark all that apply)**

- ☐ Treatment services  
☐ Person-centered planning  
☐ None of the above → (skip to 22)

- b. In the past 3 months, how often has the individual's family, guardian, or significant other been involved in any contact with staff?

- ☐ Once a week or more ☐ Once a month  
☐ Twice a month or more ☐ Less than once a month

- c. This contact was mostly....

- ☐ Face-to-face  
☐ By telephone  
☐ Both

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**22. If "None of the above" is answered on question 21, please specify a reason why no family members, guardian, and/or significant other have been involved in person-centered planning or treatment services: (mark all that apply)**

- ☐ Consumer has no family, guardian, or significant other
- ☐ Consumer declines family involvement
- ☐ Family declines to be involved
- ☐ Scheduling conflicts
- ☐ Other \_\_\_\_\_

### Section II: Complete items 23-42 using information from the individual's interview (preferred) or consumer record

**23. How are items 24-42 being gathered?**  
(mark all that apply)

- ☐ In-person interview (preferred)
- ☐ Telephone interview
- ☐ Clinical record/notes

**24. Do you ever have difficulty participating in treatment because of problems with...** (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

**25. Has there been any change in your marital status since the last interview? Have you...**

- ☐ Married ☐ Separated
- ☐ Lived as married ☐ Widowed
- ☐ Divorced ☐ No change

**26. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?**  
(Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 29)

b. If **yes**, what programs are you currently enrolled in for credit? (mark all that apply)

- ☐ Alternative Learning Program (ALP) - at-risk students outside standard classroom
- ☐ Academic schools (K-12)
- ☐ Technical/Vocational school
- ☐ College
- ☐ GED Program, Adult literacy

**27. For K-12 only:**

- a. What grade are you currently in?
- b. Since beginning treatment, your school attendance has...  
☐ improved ☐ stayed the same ☐ gotten worse
- c. For your most recent reporting period, what grades did you get most of the time? (mark only one)  
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- d. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time? ☐ Pass ☐ Fail

**28. For K-12 only: In the past 3 months, how many days of school have you missed due to...**

- a. Expulsion \_\_\_\_\_
- b. Out-of-school suspension \_\_\_\_\_
- c. Truancy \_\_\_\_\_
- d. Are you currently expelled from regular school?  
☐ Y ☐ N

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**29. In the past 3 months, what best describes your employment status?** (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to b & c)
- ☐ Part-time work (working less than 35 hours a week) → (skip to b & c)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 30)
- ☐ Not in labor force (not seeking work) → (skip to d & e)
- b. Is this work transitional employment? ☐ Y ☐ N
- c. Is this work supported employment? ☐ Y ☐ N
- d. If *not seeking work*, what best describes your current status? (mark only one)
- |  |  |
|--|--|
| <input type="checkbox"/> Homemaker   | <input type="checkbox"/> Incarcerated (juvenile or adult facility) |
| <input type="checkbox"/> Student   | <input type="checkbox"/> Institutionalized                         |
| <input type="checkbox"/> Retired   | <input type="checkbox"/> None of the above                         |
| <input type="checkbox"/> Chronic medical condition which prevents employment |  |
- e. If *not seeking work*, what best describes your current activities? (mark all that apply)
- ☐ Community service (court-related)
- ☐ Structured day activity
- ☐ Unpaid vocational rehab
- ☐ Volunteer activity
- ☐ Hobbies/Social activities
- ☐ Other
- ☐ No activity

**30. In the past 3 months, how often did you participate in ...**

- a. positive community/leisure activities?
- ☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
- ☐ Never ☐ A few times ☐ More than a few times
- c. organized religious activities?
- ☐ Never ☐ A few times ☐ More than a few times

**31. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?**

- ☐ Never
- ☐ A few times
- ☐ More than a few times

**32. In the past month, how would you describe your mental health symptoms?**

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

**33. Do you have a current prescription for psychotropic medications?** ☐ Y ☐ N → (skip to 34)

- b. In the past month, how often have you taken this medication as prescribed?
- ☐ All or most of the time → (skip to 34)
- ☐ Sometimes
- ☐ Rarely or never
- c. If *sometimes or rarely/never*, what are some of the reasons that you did not take your medication(s) all or most of the time? (mark all that apply)
- ☐ Trouble in remembering to take medication(s)
- ☐ Too many medication(s)
- ☐ Negative side effects of medication(s)
- ☐ High cost of medication(s)
- ☐ Do not feel need for medication(s)
- ☐ Forgot injection appointment
- ☐ No transportation to injection appointment
- ☐ Other

**34. In the past 3 months, how many times have you moved residences?**   (enter 0, if none & skip to 35)

- b. What was the reason(s) for your most recent move? (mark all that apply)
- ☐ Moved closer to family/friends
- ☐ Moved in with roommate
- ☐ Moved to nicer location
- ☐ Moved to safer location
- ☐ Needed more supervision
- ☐ Needed more supports
- ☐ Moved to location with more independence
- ☐ Moved to location with better access to activities and/or services
- ☐ Evicted
- ☐ Could no longer afford previous location
- ☐ Other

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**35. In the past 3 months, where did you live most of the time?**

☐ Homeless → (skip to b) ☐ Residential program → (skip to e)

☐ Temporary housing → (skip to c) ☐ Facility/institution → (skip to f)

☐ Private or permanent residence ☐ Other → (skip to 36)

b. If homeless, please specify your living situation most of the time in the past 3 months.

☐ Sheltered (homeless shelter)

☐ Unsheltered (on the street, in a car, camp)

c. If temporary housing, please specify the type of temporary housing you lived in most of the time in the past 3 months.

☐ Transitional housing (time-limited stay)

☐ Living temporarily with other(s)

d. If private or permanent residence, please specify the type of residence you lived in most of the time in the past 3 months.

☐ Self-owned

☐ Rent with rental assistance

☐ Rent without rental assistance

☐ Other

d-2. Does someone help you with daily living activities or provide other supports so that you can remain in your own home?

☐ Y ☐ N

e. If residential program, please specify the type of residential program you lived in most of the time in the past 3 months.

☐ Alternative family living

☐ Group home

☐ Residential treatment center

☐ Licensed supervised apartment

☐ Family care home

☐ Halfway house (for Adult SA individual)

f. If facility/institution, please specify the type of facility you lived in most of the time in the past 3 months.

☐ Public institution

☐ Private institution

☐ Adult care home/assisted living

☐ Nursing facility

☐ Correctional facility

**36. In the past 3 months, who did you live with most of the time?**  
(mark all that apply)

☐ Lived alone ☐ Sibling(s)

☐ Spouse/partner ☐ Other relative(s)

☐ Child(ren) ☐ Guardian

☐ Parent(s) ☐ Friend(s)/roommate(s)

☐ Grandparent(s) ☐ Other

☐ Foster family

**37. Please mark the frequency of use for each substance in the past month.**

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (≥5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Other Drug Codes

5=Non-prescription Methadone

7=PCP

8=Other Hallucinogen

9=Methamphetamine

10=Other Amphetamine

11=Other Stimulant

12=Benzodiazepine

13=Other Tranquilizer

14=Barbiturate

15=Other Sedative or Hypnotic

16=Inhalant

17=Over-the-Counter

22=OxyContin (Oxycodone)

29=Ecstasy (MDMA)

**38. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none)**

**39. For Adult MH individual (6 Month Update only):**

**In general, since entering treatment your involvement in the criminal/juvenile justice system has...**

☐ Increased

☐ Decreased

☐ Stayed the same

**40. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?**  
(enter 0, if none and skip to 41)

 

b. In the past month, how many times have you been arrested for a misdemeanor offense including DWI?

 

c. In the past month, how many times have you been arrested for a felony offense?

 

**41. Are you currently under any type of correctional supervision? (adult or juvenile system)** ☐ Y ☐ N

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### 42. Do you have children under the age of 18?

☐ Y ☐ N → (skip to 43)

#### b. Since the last interview, have you... (mark all that apply)

- ☐ Gained legal custody of child(ren)  
☐ Lost legal custody of child(ren)  
☐ Begun seeking legal custody of child(ren)  
☐ Stopped seeking legal custody of child(ren)  
☐ Continued seeking legal custody of child(ren)  
☐ New baby born - removed from legal custody  
☐ None of the above

#### c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

#### d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ None

#### e. Since the last interview, have you been investigated by DSS for child abuse or neglect?

☐ Y ☐ N → (skip to g)

#### f. For Adult SA individual:

Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

#### g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

### Section III: Complete items 43-65 from the individual's interview only

### 43. Is the individual present for in-person or telephone interview?

☐ Y - Complete items 44-65

☐ N - If Adult SA individual, skip to question 65  
- If Adult MH individual only, stop here

### 44. Females only: Have you ever been pregnant?

☐ Y ☐ N ☐ Unsure  
(skip to 47) (skip to 47)

### 45. Females only: Are you currently pregnant?

☐ Y ☐ N ☐ Unsure  
(skip to 46) (skip to 46)

#### b. How many weeks have you been pregnant?

--	--

#### c. Have you been referred to prenatal care?

☐ Y ☐ N

#### d. Are you receiving prenatal care?

☐ Y ☐ N

### 46. Females only: Have you given birth in the past year?

☐ Y ☐ N → (skip to 47)

#### b. How long ago did you give birth?

- ☐ Less than 3 months ago  
☐ 3 to 6 months ago  
☐ 7 to 12 months ago

#### c. Did you receive prenatal care during pregnancy?

☐ Y ☐ N

#### d. What was the # of weeks gestation?

--	--

#### e. What was the birth weight?

--	--	--	--

pounds ounces

#### f. How would you describe the baby's current health?

- ☐ Good  
☐ Fair  
☐ Poor  
☐ Baby is deceased → (skip to 47)  
☐ Baby is not in birth mother's custody → (skip to 47)

#### g. Is the baby receiving regular Well Baby/Health Check services?

☐ Y ☐ N

### 47. Do you have an identified public or private primary health care provider?

☐ Y ☐ N → (skip to 48)

#### b. When was the last time you saw this provider?

- ☐ Within the past year  
☐ Within the past 2 years  
☐ Within the past 5 years  
☐ More than 5 years ago

### 48. For Adult SA individual:

**In the past 3 months, how often have you used faith, prayer, religious or other spiritual involvement to help you with daily living?**

- ☐ Never  
☐ A few times  
☐ More than a few times

### 49. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)

☐ None ☐ 1 or 2 ☐ 3 or more

### 50. For Adult SA individual:

**Do you have a sponsor?** ☐ Y ☐ N → (skip to 51)

#### b. In the past month, how often did you have contact with your sponsor?

- ☐ Never  
☐ A few times  
☐ More than a few times

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**51. How supportive has your family and/or friends been of your treatment and recovery efforts?**

- ☐ Not supportive  
☐ Somewhat supportive  
☐ Very supportive  
☐ No family/friends

**52. For Adult SA individual:**

**How long have you been abstinent from alcohol or other drugs at this time?** (do not include nicotine or tobacco products)

(enter 0 if not abstinent)   ☐ Days ☐ Mos.  
☐ Wks. ☐ Yrs.

b. Is abstinence from alcohol and/or other drugs a goal of your treatment? ☐ Y ☐ N

**53. For Adult SA individual:**

**In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?** ☐ Y ☐ N

**54. In the past 3 months, have you participated in any of the following activities without a condom being used?**

had sex with someone who was not your spouse or primary partner [or]  
knowingly had sex with someone who injected drugs [or]  
traded, gave, or received sex for drugs, money, or gifts?

☐ Y ☐ N

**55. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?**

- ☐ Never → (skip to 56)  
☐ A few times  
☐ More than a few times

b. By whom were you physically hurt? (mark all that apply)

- ☐ Spouse/partner ☐ Other adult  
☐ Parent ☐ Other child  
☐ Sibling ☐ Gang member(s)  
☐ Your child

**56. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?**

☐ Never ☐ A few times ☐ More than a few times

**57. In the past 3 months, have you been forced or pressured to do sexual acts?** ☐ Y ☐ N

**58. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?**

☐ Never ☐ A few times ☐ More than a few times

**59. Since the last interview, how often have you had thoughts of suicide?**

☐ Never ☐ A few times ☐ More than a few times

**60. Since the last interview, have you attempted suicide?**

☐ Y ☐ N

**61. In the past 3 months, how well have you been doing in the following areas of your life?**

	Excellent	Good	Fair	Poor
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. In the past 3 months, approximately how many...**

- a. **telephone** contacts to an emergency crisis facility did you have?
- b. **face-to-face** contacts to an emergency crisis facility or mobile crisis unit did you have?
- c. **visits** to a hospital emergency room did you have?
- d. **nights** in a facility-based crisis service did you spend?
- e. **nights** in an ADATC did you spend?
- f. **nights** in facility-based respite did you spend?
- g. **admissions** to a detox facility did you have?
- h. **nights** in an inpatient facility for mental health treatment did you spend?
- i. **nights** in an inpatient facility for substance abuse treatment did you spend?
- j. **nights** in a medical/surgical hospital did you spend? (excluding birth delivery)
- k. **nights** homeless (sheltered or unsheltered) did you spend?
- l. **nights** in detention, jail, or prison did you spend (adult or juvenile system)?

**63. What kind of health/medical insurance do you have?**

(mark all that apply)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> CHAMPUS or CHAMPVA            | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Health Choice                 | <input type="checkbox"/> Unknown  |

# NC-TOPPS Mental Health and Substance Abuse

**Adult (Ages 18 and up)**

**Update Interview**

**\*\*Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

**64. How helpful have the program services been in...**

- a. improving the quality of your life?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- b. decreasing tobacco use?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- c. decreasing alcohol use?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- d. decreasing other drug use?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- e. decreasing your symptoms?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- f. increasing your hope about the future?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- g. increasing your control over your life?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- h. improving your educational status?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- i. improving your housing status?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- j. improving your vocational/employment status?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA
- k. improving your relationship with family and friends?  
☐ Not helpful   ☐ Somewhat helpful   ☐ Very helpful   ☐ NA

**65. For Adult SA individual:**

**Does the consumer have a current written consent in her/his consumer record for the DMHDDSAS to share NC-TOPPS Interviews with the consumer's assigned LME in accordance with 42 CFR, Part 2, HIPAA and NC Statute?**   ☐ Y   ☐ N

**End of interview**

**Enter data into web-based system:  
<https://nctopps.ncdmh.net>**

***Do not mail this form***



# Attachment I:

## DSM-IV TR Diagnositic Classifications

### Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

### Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

### Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

### Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

### Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

### Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

### Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

### Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

### Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

### Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

### Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

### Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)